

FEATURE ARTICLE

MEDICAL PROVIDERS' ORAL HEALTH KNOWLEDGEABILITY, ATTITUDES, AND PRACTICE BEHAVIORS: AN OPPORTUNITY FOR INTERPROFESSIONAL COLLABORATION

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ABSTRACT

Objective

Evaluation of current knowledgeability, attitudes, and practice behaviors of medical providers from a large health care system toward oral health was undertaken as a pilot effort to better understand and integrate oral health into the overall health care delivery.

Methods

Invitations to complete a 28-question survey, designed in a web-based platform (SurveyMonkey[®]), were emailed to 1407 medical multispecialty physicians, residents, and nurses within the health system. The questionnaire included sections on provider demographics, oral health knowledgeability and attitudes, and current practice conducting oral health screenings.

Results

A 14% ($n = 199/1407$) response rate was achieved for survey completion. There were 16% who reported good coverage of oral/dental health topics in their medical training curriculum. Competency level was <30% for identifying tooth decay and oral pathology. There were 95% who reported never applying fluoride varnish in their practice, while >80% answered knowledge-based questions correctly. Frequency rates for dental referral by the medical providers were 32% 'frequently' and 68% 'infrequently.' Perceptions of optimal frequency for conducting oral health assessment in their professional practices ranged from 69% indicating 'frequently' to 25% indicating 'infrequently.'

Conclusion

Overall, positive attitudes were observed toward incorporation of oral health examination into medical practice. The study identified lack of oral health treatment and infrequent referral by medical providers to dental providers. Results support likelihood for acceptance of care models that incorporate a medical/dental team-based approach complemented by oral health training for medical providers to enhance holistic health care delivery. Limitations of this pilot

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KEYWORDS

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study include potential selection bias and lack of generalizability beyond our institution; further studies are planned in additional settings statewide to validate findings.

INTRODUCTION

A paradigm shift in delivering patient-centered care has necessitated development of interprofessional collaboration among variably trained health care providers.¹ Integrating health care delivery for a wide range of patient problems requires creation of alternative models of care (MOC) that incorporate a more comprehensive approach to health care delivery. The World Health Organization proposed that a subset of oral diseases represent a core group of conditions associated with modifiable risk factors that have been linked to chronic disease development.² Despite the preventable nature of many oral diseases, a 16% increase in visits to US emergency rooms nationwide for preventable dental conditions was reported in 2009.³

Evidence-based research continues to support association between oral infectious processes, inflammation, and exacerbation of systemic diseases including diabetes and respiratory diseases, among others.⁴ Suboptimal knowledge surrounding oral-systemic associations amongst health care providers may place patients at higher risk for poor health outcomes and exacerbation of chronic conditions. The Centers for Disease Control and Prevention report (2009–2010) approximated that 47.2% of the US population ≥ 30 -years and 70.1% ≥ 65 years-of-age have some form of periodontitis that may impact overall health.⁵ Despite emerging support for the oral-systemic health connection, knowledgeability, attitudes, and clinical care approaches of medical providers relative to oral health remain underexplored and a potential barrier to establishing patient-centered, interdisciplinary care in the context of oral health.

In examining the prevalence of oral disease in the United States, the Surgeon General's report (2000) proclaimed dental diseases as the 'silent epidemic.'⁶ The report emphasized a need for heightening awareness of the general public to the importance of achieving and maintaining good oral health and further underlined the necessity of incorporating oral health care into medical practice.⁶ Integrated MOCs are being proposed that involve engagement of multidisciplinary approaches inclusive of oral health assessment by medical practitioners with referrals to dental providers as a component of routine clinical practice.⁷ Targeting primary care as the strategic point-of-contact within the health care system for accomplishing oral screening has been recommended given the central role of the primary care provider (PCP) in coordinating care and patient referrals to other specialties.⁷⁻⁹ However, the current paradigm for the practice of medicine continues to treat oral health as a separate entity, and its integration as a

component of a coordinated care model remains to be achieved. Traditionally, physician training in oral health has been limited, resulting in knowledge gaps concerning its complementarity to the practice of medicine.

The 2012 Medical School Graduation Questionnaire Summary Report revealed that only 1.3% of medical students nationwide were well trained to address oral/dental health topics.¹⁰ To bridge this gap, many national initiatives have been introduced. For example, a consortium of funders and health professionals launched the National Interprofessional Initiative on Oral Health, which focuses on engaging PCPs in proactively promoting preventive oral education and services to their patients.¹¹ Historically, several studies have examined practice behaviors of PCPs and pediatricians relative to oral health.¹²⁻¹⁴ Further, other studies have surveyed physician knowledgeability concerning specific oral-systemic connections including: diabetes and periodontal disease among internists and endocrinologists, oral health and pregnancy among medical doctors, and prevention of infective endocarditis of oral origin among pediatric cardiologists.¹⁵⁻²⁰ However, within the context of renewed interest in holistic health education, data are lacking on the extent of medical providers' knowledgeability, attitudes, and medical practice behaviors in the context of oral health across the spectrum of medical providers.

This study was undertaken to pilot an environmental scan initiative currently being conducted on a national scale. The study targeted screening of a single multispecialty group practice comprising one of the largest health systems in the United States with >8000 employees, including >700 practitioners across 86 specialties in >50 regional clinics, including >40 dentists in 10 different communities. This multispecialty group practice operationalizes patient care, research, and education across an extensive service area encompassing largely rural western, central, and northern regions of Wisconsin. As part of a larger medical-dental care delivery integration initiative, the objective of this pilot study was to measure the baseline knowledgeability, attitudes, and practice behavior of medical providers toward oral health and the extent to which this knowledge is leveraged in care planning and medical-dental care delivery integration.

METHODS

A 28-question survey tool analyzing providers' knowledgeability, attitudes, and medical practice behaviors in the context of oral health was developed, leveraging previously-defined approaches.^{11,21} Face validity analysis of the survey was conducted by co-authors with appropriate expertise prior to use. Content validity analysis of the survey was performed by eight experts in the fields of medicine,

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